## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## **COMMON CARRIER ANNUAL EMPLOYMENT REPORT**

[Please read instructions before completing and for Notice regarding public burden.]

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SECTION 1 - General Informat														T		
Name and Mailing Address of Respondent  EASTERN SLOPE RURAL TELEPHONE ASSOCIATON, INC.  PO BOX 397  HUGO, CO. 80821														Check here if this is a change of address.		
2. Year Report Filed 2018			overed by Re	ing Date of Pa port)	зу		4. Number of Full-Time Employees during Selected Reporting Period (check one): a.  Fewer than 16 (complete Sections I, IV, and V only) b.  16 or more (complete all sections)									
SECTION II - Full-Time Employ	yees.															
Job		Number of Employees (Report employees in only one category)														
									Race/Ethnicity	1						
Categories			anic or tino						Not-Hispan	ic or Latino						
						Ma	ale				Female					
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
		Α	В	С	D	E	F	G	Н	1	J	к	L	М	N	0
Executive/Senior Level Officials and Managers	1.1									1						1
First/Mid-Level Officials and Managers	1.2			3						1						4
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5									5						5
Craft Workers	6			9						1						10
Operatives	7			2												2
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	14	0	0	0	0	0	8	0	0	0	0	0	22
PREVIOUS YEAR TOTAL	11			15						7						22

SECTION III - Part-Time Empl		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories	Hispanic or Latino		Not-Hispanic or Latino													
			Male										Female			
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A-N	
	А	В	С	D	E	F	G	н	1	J	к	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1														0	
First/Mid-Level Officials and Managers	1.2														0	
Professionals	2														0	
Technicians	3														0	
Sales Workers	4														0	
Administrative Support Workers	5														0	
Craft Workers	6														0	
Operatives	7														0	
Laborers and Helpers	8														0	
Service Workers	9		1												1	
TOTAL	10 0	0	1	0	0	0	0	0 .	0	0	0	0	0	0	1	
PREVIOUS YEAR TOTAL	11		1												1	
SECTION IV - Report of Discri	mination Comp	olaints Pursua	ent to 47 CF	R 22.321, 23.	55, 90.168, 10	1.4, and 101	.311.									
This is to advise the company before an This is to advise the (Attach a list indical	y body having o Commission t	competent juris	sdiction in sur ng complaints	ch matters du	ring the calend ations of the pr	lar year cove ovisions of a	ered by this rep any equal empl	oort. oyment oppo	rtunity statute	have been fi	led against thi	s company.				
SECTION V - Certification I certify that to the best of my kn	owledge, inform	ation, and bel	ief, all statem	nents in this re	port are true a	nd correct.	· · · · · · · · · · · · · · · · · · ·						<del></del>			
	yped or Printed			Signature								Telephone No.				
	RENAE	E KOCH	<del>1</del>	Renae E Koch 7197432441												
Title of Person Signing FINANCIAL MANA		FALSE STAT ATION LICEN									1) AND/OR RE	EVOCATION				